



SEX OFFENDER MANAGEMENT BOARD

Reimbursement Request Form

DATE: _____

Please remit form and supporting documentation to: Cara Smith, SOMB Chairperson,
Reimbursement Request, 100 West Randolph, 12th Floor, Chicago, IL 60601.

OFFENDER INFORMATION

Offender: _____ Case #: _____

☐ Adult ☐ Juvenile Type of Evaluation: ☐ Pre-Sentence ☐ Pre-Release

SOMB APPROVED PROVIDER INFORMATION

Agency: _____ County: _____

Address: _____ City, State, Zip: _____

Provider: _____ Phone: _____

Date of Service: _____ Service(s) Provided: _____

AGENCY REQUESTING REIMBURSEMENT

Agency: _____ County: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Phone: _____

SUPPORTING DOCUMENTATION

- ☐ Proof of Determination of Indigence (ie., court order appointing a public defender)
- ☐ Copy of Invoice submitted by the SOMB Approved Provider and/or their Agency
- ☐ Copy of Proof of Payment from Agency Requesting Reimbursement on Agency letterhead

Please allow six to eight weeks for reimbursement to be processed